

PEDIATRIC CT SURGERY BEDSIDE PROCEDURE CHECKLIST

Date: _____

Procedure: _____

Checklist	
Fluids and Blood Products	
	Active Type and Screen
	Blood Products Ordered and at bedside (if needed)
	Other volume for administration (5% albumin etc) - Aliquots drawn up
	NPO status verified
Medications	
	Code Medications at bedside
	Inotropic Infusions Ordered/Adjusted
	Anesthesia provider identified
	Sedation/Analgesia medications
	Anticoagulation Plan (if needed)
	Peri-op antibiotics
Respiratory	
	Vent settings adjusted (if needed)
	Other respiratory needs addressed (suction, ETCO ₂ , etc)
	iNO available (if needed)
IV Access	
	Dedicated medication push line with extension set
	Access to arterial line for ABG and lab draws
	Surgical IV access needs discussed
Imaging	
	ECHO Ordered (if needed)
	CXR (if needed)
Other Needs	
	Pacemaker connected and settings verified (if applicable)
	Thermoregulation plan (BEAR hugger, ECMO etc) (if needed)
	HEPA filter in room
	ECMO Cannulation/Decannulation checklist completed
	Surgical light (overhead or portable)
	Wound Vac supplies in room if applicable
	Bovie/pads
Pre-Patient Draping the following should be accessible by bedside provider/staff	
<ul style="list-style-type: none"> ○ Arterial line for blood draws ○ Medication push line extension set ○ Pacemaker ○ ETT and in-line suction; suction patient just prior to draping 	